

Statement of Deficiencies

Developmental Disabilities Agency

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| All Seasons Mental Health 4ALLHORIZ086 | 8050 W Rifleman Ste 100 Boise, ID 83704- (208) 321-0634 |
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Survey Type: Recertification
 Entrance Date: 12/8/2008
 Exit Date: 12/12/2008

Initial Comments: Survey Team Members: Rebecca Fadness, Program Supervisor, Greg Miles, Medical Program Specialist, Mike Brewer, Regional Program Specialist, Veronica Martinez, Clinician

Observations: Child participant F was observed starting 2:30 in the afternoon. Upon arrival therapist was playing game of "go fish" with participant in an office. Observer introduced self to child, who also shook hands with the observer and repeated introduced name. Return to game of Go Fish. Between 2:30 and 2:58, 4 games of Go Fish were played. Upon completion therapist and child switched to card game Crazy 8's. Between 2:58 and 3:11, 9 games of Crazy 8's occurred. Upon completion, therapist and participant commenced to cutting out paper snowflakes. Observation ended at this point. During observation, no data was observed to have been taken, and it is unclear which objective of the Individual Program Plan was being carried out. Therapist was very respectful to child, and offered several reinforcing comments such as "right" and "congratulations". However, these reinforcements did not appear to correspond towards correct application of a treatment plan objective. Child appeared to respond and enjoy interactions with therapist.

Two observations were completed for Region 4 child participants. The relationship between participants and therapists seemed positive. Both of the participants seemed engaged and successful during therapy. The therapist for child participant B provided several forms of reinforcement such as verbal, and physical (high fives) therapy was observable in practice and the participants responded well to the prompts and the reinforcement provided by the therapists. Child participant A's therapist provided several prompts to initiate the task, but little interaction and reinforcement was provided during the therapy, however participant was engaged and he was successful in completing the task. Both of the therapists follow the PIP and the participants seemed successful in completing the task and objectives. Only child participant B's therapist was observed taking data during the therapy.

Adult Participant Observations:
 Participant #3 was observed at her home. She was cooking spaghetti. Staff assisted her with following the cooking instructions. The participant relayed information to the observers that she was very happy with her services. Staff went over the programming they work on such as budgeting, preparing shopping lists, and training activities involved with picking out nutritious items in her diet. The participant seemed to have a good rapport with the staff working with her.

Participant #1 was observed at the Town Square mall food court. She had just gotten off from work and had brought her lunch to eat at that location. The staff ran training of what nutritious items her lunch contained. The participant acknowledged one choice she had made that may not have been the healthiest. The staff and participant talked about programming they worked on and the participant stated that if she

had specific programming concerns/needs that she would talk with the staff she was currently with. Both seemed very well suited with each other. The staff cued the participant in conversations about her feelings which could match her programming in those areas.

Participant #2 was observed at the All Seasons center. The participant was involved with making a collage for Christmas. The observer asked the participant about training activities she liked and disliked to work on, and with cueing from the staff, the participant described them. The participant seemed to enjoy the activity she was currently doing and when asked, she stated that she and the staff were going to make a ginger bread house after she was done with the collage. Training related to her programming was not observed during the time period and the setting environment (at the center) did not seem to correspond to the participant record.

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.03.10.503</p> <p>503.DEVELOPMENTAL DISABILITY DETERMINATION - TEST INSTRUMENTS. A variety of standardized test instruments are available. Tests used to determine a developmental disability must reflect the current functional status of the individual being evaluated. Tests over one (1) year old must be verified to reflect the current status of the individual by an appropriate professional. Instruments designed only for screening purposes must not be used to determine eligibility. (3-19-07)</p> | <p>Assessments</p> <p>The Developmental Therapy section in child participant E's file indicated that SIS-R and eligibility documents were in Service Coordination file.</p> <p>Child participant F's file indicated SIB-R had been conducted by a state employee, however this test summary was not found in file.</p> | <p>(1) Copies were placed in "E" file. Eligibility documentation is to be available for each service provided in the appropriate physical file.</p> <p>(2) 100% of existing charts audited to ensure proper documentation is placed appropriately. Discrepancies identified will be corrected through record retrieval or completion of a new functional status evaluation.</p> <p>(3) D/S and Administrator</p> <p>(4) quarterly chart audits performed for compliance</p> <p>(5) 100% of existing charts audited to ensure proper documentation is placed appropriately, to be completed by March 30 2009.</p> |
| <p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p> | <p>Date to be Corrected: 3-30-09 Administrator Initials: [Signature]</p> | |

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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>18.04.11.201.04.g</p> <p>201.04 Content for Application for Certification Written policies and procedures for reporting incidents to the adult or child protection authority in accordance with Section 910 of these rules; (7-1-05)</p> | <p>Policies and Procedures</p> <p>Policy did not define incidents and accidents clearly to assure accurate documentation from staff.</p> | <p>(1) corrected 12/31/2008 by separating and defining "incidents" vs "accidents"</p> <p>(2) ensure all staff have revised forms to use in any future "incidents" or "accidents"</p> <p>(3) The Executive Director Administrator changed the form</p> <p>(4) Old template removed from circulation</p> <p>(5) Completed 12/31/2008</p> | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 12/31/2008</p> | <p>Administrator Initials: [Signature]</p> |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>18.04.11.405.02.a-c</p> <p>405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules</p> | <p>Supervision</p> <p>Weekly supervision was documented consistently, but the file did not have a signature or name of person completing the review to document that the supervision and training was completed by a qualified staff.</p> | <p>(1) Corrected December 31/2008 by updating the DS supervision form signature lines to include the full name and credentials of staff providing supervision/training.</p> <p>(2) Weekly meeting notes will reflect the changes ongoing</p> <p>(3) D/S Team Leader and Administrator</p> <p>(4) Quarterly audits will check DS notes for compliance ongoing</p> <p>(5) Implemented January 1, 2009</p> | |

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| <p>and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)</p> <p>02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06)</p> <p>a. Give instructions; (7-1-06)</p> <p>b. Review progress; and (7-1-06)</p> <p>c. Provide training on the program(s) and procedures to be followed. (7-1-06)</p> | | | |
| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 12-31-09 | Administrator Initials: / |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| 18.04.11.500.03.b | Policies and Procedures | (1) Current policy will be enhanced to include "other emergency" language and procedure. | |
| 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) | Agency policy and procedure only addressed fire safety and did not address other emergencies. | (2) Training will be ongoing for new and existing staff to ensure the safety policies are understood and implemented | |
| 03. Fire and Safety Standards. (7-1-06) | | (3) D/S Team Leader and Administrator | |
| b. There must be written policies and procedures covering the protection of all persons in the event of fire and other emergencies; (7-1-06) | | (4) Ongoing trainings for new and current employees, documenting attendance for compliance | |
| | | (5) Completion target date 1/12/2009 | |

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| Risk and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/12/2009 Administrator: MURPHY, JAY |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
| <p>16.04.11.510.01.c</p> <p>510. HEALTH REQUIREMENTS, 01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-08) c. Address any special medical or health care needs of particular participants being served by the agency. (7-1-06)</p> | <p>Policies and Procedures</p> <p>Policy does not describe how the agency will address any special medical or health needs of the participant.</p> | <p>(1) Current intake packet will be enhanced with a statement "ASMH will address any special medical or health care needs of participants we serve in accordance with written orders/ treatment plans from authorized health care professionals, and within the scope of our care. Individual medical or health care needs deemed beyond the scope of our care will be referred to the appropriate professional(s)".</p> <p>(2) 100 % audit is being conducted. Participant's with identified special medical or health care needs will be staffed and if necessary referred for additional services.</p> <p>(3) The Executive Director/Administrator will enhance the current policy, DS Team Leader will provide training. Attendance will be documented</p> <p>(4) Existing and new staff will be provided training ongoing.</p> <p>(5) 1/12/2009</p> |

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| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/2/2009 | Administrator Initials: [Signature] |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| 16.04, 17.610.03 510. HEALTH REQUIREMENTS. 03. Employees. Each employee with direct contact with participants must be free of communicable disease and infected skin lesions while on duty. (7-1-06) | Policies and Procedures Policy and procedure does not address skin lesions. | (1) Current policy will be enhanced to include "staff with open wounds of any kind must present a current release to work note from their attending Physician, indicating they are free from infection". (2) This policy will apply to all staff. (3) The Executive Director/Administrator will update policy (4) Policy will be in the "employee handbook" and available to all staff (5) Completion date 1/31/2009 | |
| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/31/2009 | Administrator Initials: [Signature] |

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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
| <p>16.04.11.510.04</p> <p>510. HEALTH REQUIREMENTS. 04. Incident Reports. Each DDA must complete incident reports for all accidents, injuries, or other events that endanger a participant. Each report must document that the adult participant's legal guardian, if he has one, or, in the case of a minor, the minor's parent or legal guardian, has been notified or that the participant's care provider has been notified if the participant or the participant's parent or legal guardian has given the agency permission to do so. A documented review of all incident reports must be completed at least annually with written recommendations. These reports must be retained by the agency for five (5) years. (7-1-06)</p> | <p>Incident Reporting</p> <p>There was no documentation of the parent or legal guardian being notified when an incident report was completed.</p> | <p>Plan of Correction (POC)</p> <p>(1) A notification line has been added to the current form to indicate whether or not a parent or guardian was notified. (2) Old forms will be purged from the system. Prior incident forms will not be altered, all future forms will contain this addition (3) DS Team Leader and Administrator will ensure forms are implemented (4) quarterly audits will include the "Incident" and "accident" binder be reviewed (5) completion date 1/12/2009</p> |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 1/12/2009 Administrator Initials: KAD</p> |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
| <p>16.04.11.511.01</p> <p>511. MEDICATION STANDARDS AND REQUIREMENTS. 01. Medication Policy. Each DDA must develop written medication policies and procedures that outline in detail how the agency will assure appropriate handling and safeguarding of medications. An agency that chooses to assist participants with medications must also develop specific policies and procedures to assure this</p> | <p>Medication</p> <p>Medication policy indicated "if the participant needs to take medication during services they must do so on their own accord" This type of statement does not describe in detail how the agency will assure appropriate handling and safeguard of medication.</p> | <p>Plan of Correction (POC)</p> <p>(1) Policy will be augmented to reflect that the agency does not assist participants with medication. (2) The augmented policy will be added to the intake packet and posted in the Agency for staff and Participant review (3) The Executive Director/Administrator (4) Staff monitoring to ensure compliance (5) February 9, 2009</p> |

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| <p>assistance is safe and is delivered by qualified, fully-trained staff. Documentation of training must be maintained in the staff personnel file. (7-1-08)</p> | | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 2-9-2009 Administrator Initials: VJA</p> |

| Rule Reference/Text | Category/Findings | Plan of Correction (PAC) |
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| <p>16.04.11.520.04 520. SETTING REQUIREMENTS FOR AGENCIES DELIVERING COMMUNITY-BASED SERVICES. The requirements in Section 520 of these rules apply when a DDA is providing community-based services. (7-1-06) 04. Image Enhancement. The community-based services must enhance each participant's social image, personal competencies, and promote inclusion in the community. (7-1-06)</p> | <p>Service Delivery Participant #1 authorized for community based services but was receiving services in the center (see observations), which were not prior authorized to determine if they meet the needs of the individual, nor promote inclusion into the community under community based services. Agency administrator reported this practice has occurred with several individuals authorized for community based services. Agency must assure all services are delivered according to the participants plan. See also: 16.03.10.507</p> | <p>Plan of Correction (PAC) (1) Plans will include specific language regarding, locations of services, staff will receive training regarding the specific nature of the plan must be followed, and deviations must be submitted for prior authorization. Training will be provided for all staff regarding definitions of "community" "center" "individual" "group activities". (2) during 100% audit discrepancies found will be amended as appropriate to reflect plan authorization for specific locations (3) DS Team Leader (4) plans will be reviewed by DS Team Leader for all participants to ensure compliance (5) completion date: March 30 2009 for the sample group, June 1, 2009 for all participants.</p> |

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| Source and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 6/1/2009 | Administrative Initials: [Signature] |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>16.04.11.600.01.c</p> <p>600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-08)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-08)</p> <p>c. Guide treatment; (7-1-08)</p> | <p>Assessments</p> <p>The comprehensive assessment does not 'guide' treatment since the assessment is completed after the PIP's are implemented—see 600.01. Further, as told by staff during the survey, the SIB-R is used to 'guide' treatment for the annual ISP meeting and the comprehensive assessment is written subsequent of that process.</p> | <p>(1) Training of all DS and Intake staff regarding the enhanced intake process which clearly directs that the comprehensive assessment is the main guiding force in treatment planning.</p> <p>(2) Participants will proceed through the intake process with a single point of entry to eliminate fragmented assessment process. The enhanced comprehensive assessment will be included in annual ISPs for ongoing participants.</p> <p>(3) DS Team Leader and Administrator will provide training and oversight</p> <p>(4) The initial referral sheet will follow the Participant from the initial contact through plan writing to ensure each step has been completed in the appropriate order</p> <p>(5) completion date March 20, 2009 for the sample group, June 1, 2009 for ongoing participants.</p> | |

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(FAX)2083211082

ALL SEASONS MENTAL HEALTH

MAR-03-2009(TUE) 14:07

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6.1.2009 Administrator Initials: [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>7E,04,71,500,01,d</p> <p>800. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-08)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must: (7-1-08)</p> <p>d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-08)</p> | <p>Assessments</p> <p>The comprehensive assessment did not include relevant interests and strengths as they pertain to developmental therapy. For example: The comprehensive assessment for Participant #2— Capacity for independent living section states "Participant does not drive. She would not get out of bed without being prompted. She does not understand the value of money and does not understand why things are not just handed to her. She cannot budget her money or follow a schedule without assistance. Participant relies on her parents for nearly every aspect of her life". This does not convey any interests or strengths within that domain.</p> | <p>(1) the Comp assessment has been enhanced to include the type of therapy, interests and strengths. Specific hours will be noted in the recommendation portion of the assessment.</p> <p>(2) All new participants will receive this enhanced assessment, ongoing participant comprehensive assessments will be enhanced to reflect current relevant strengths and interests</p> <p>(3) DS Team Leader and Administrator</p> <p>(4) old forms have been purged, quarterly audits will check for compliance</p> <p>(5) March 30, 2009 for the sample group. June 1, 2009 for ongoing participants.</p> |

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6.1.2009 Administrator Initials: [Signature]

| Developmental Disabilities Agency | All Seasons Mental Health | 12/22/2008 |
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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
| <p>15.04.11.600.D1.*</p> <p>600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must (7-1-06)</p> <p>e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)</p> | <p>Assessments</p> <p>For child participant D, the file did not contain medical assessments in medical section, only Healthy Connections referral. No psychological evaluation was noted in file. The Medical section in child participant F's file only contained a medical Progress Note, this does not equate to an assessment.</p> <p>Child participant E's file contained recommendations for assessment, but did not include a medical assessment. Child participant G's file did not contain a medical assessment.</p> | <p>(1) during 100 % audit missing information is being requested, misfiled information is being placed properly, referrals are being made to our licensed Psychologist for assessments, updates, IQ testing, and diagnostics</p> <p>(2) All participants will be referred for required assessments and updates</p> <p>(3) DS team and Administrator</p> <p>(4) DS Team Leader will oversee the completion of the 100% audit and referrals.</p> <p>(5) March 30, 2009 for sample group and June 1, 2009 for ongoing participants.</p> |
| <p>15.04.11.600.D1.*</p> <p>600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)</p> <p>01. Comprehensive Assessments. A comprehensive assessment must (7-1-06)</p> <p>e. For medical or psychiatric assessments, formulate a diagnosis. For psychological</p> | <p>Assessments</p> <p>The comprehensive assessment did not recommend the type of therapy.</p> <p>For child participants A and B, the recommendation of therapy was stated as a range of time and not a specific amount of therapy to be delivered.</p> | <p>(1) the Comp assessment has been enhanced to include the type of therapy. Specific hours will be noted in the recommendation portion of the assessment.</p> <p>(2) All new participants will receive this enhanced assessment, as well as annual updates as they approach</p> <p>(3) DS Team Leader and Administrator</p> <p>(4) old forms have been purged, quarterly audits will check for compliance</p> |

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Score and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 12/12/09 Administrator Initials: KOK

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.601.01</p> <p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>01. Completion of Assessments. Assessments must be completed or obtained prior to the delivery of therapy in each type of service. (7-1-06)</p> | <p>Assessments</p> <p>For participant B, the developmental assessment was not completed prior to the delivery of therapy.</p> | <p>(1) Records requests will include "developmental Assessment(s)". In the event records are not made available, ASMH will perform the developmental assessment again, prior to the delivery of service.</p> <p>(2) All Participants must have a developmental assessment easily located in their chart.</p> <p>(3) DS Team Leader and Administrator will ensure developmental assessments are prominent in the charts</p> <p>(4) quarterly audits will check to ensure these elements are in the chart and performed prior to delivery of services. The enhanced intake process will identify this step for new Participants prior to the delivery of service.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

Developmental Disabilities Agency All Seasons Mental Health 12/12/2008

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6/16/2009 Administrator Initials: [Signature]

| Risk Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.601.02</p> <p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>02. Update of Assessments. Assessments or updates are required in disciplines in which services are being delivered and when recommended by a professional. (7-1-06)</p> | <p>Assessments</p> <p>All participants were noted to have concerns with Speech/Language. Plans contained speech/language objectives. However none of the files contained evaluations by a Speech/Language Pathologist.</p> <p>Participant D's IEP in file indicated a Speech/Language Delay. Participant E's file indicated categorical eligibility of Apraxia, and billing records indicated that a Speech/Language evaluation had been conducted on 7/16/08. Hearing evaluation was conducted on 11/4/08. None of these assessments were found in Participant E's records.</p> | <p>Plan of Correction (POC)</p> <p>(1) completed retraining of all DS staff that all collateral services be documented in the physical file, including evaluations.</p> <p>(2) 100% audit is being performed, charts lacking collateral documentation regarding other services will be sought, and documentation placed in the file immediately.</p> <p>(3) All DS staff will ensure that the appropriate documentation are in the files and Administrator</p> <p>(4) the enhanced intake process will identify new Participant's collateral services. Quarterly audits will search for documentation in the file and can be corrected if missing.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6/1/2009 Administrator Initials: [Signature]

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| Rule Reference/Text | Category/Findings | Plan of Correction (PIC) |
| <p>16.04.11.601.03.a-f</p> <p>601. GENERAL REQUIREMENTS FOR ASSESSMENT RECORDS.</p> <p>03. Psychological Assessment. A current psychological assessment must be completed or obtained:</p> <p>(7-1-06)</p> <p>a. When the participant is receiving a behavior modifying drug(s); (7-1-06)</p> <p>b. Prior to the initiation of restrictive interventions to modify inappropriate behavior(s); (7-1-06)</p> <p>c. Prior to the initiation of supportive counseling; (3-30-07)</p> <p>d. When it is necessary to determine eligibility for services or establish a diagnosis; (7-1-06)</p> <p>e. When a participant has been diagnosed with mental illness; or (7-1-06)</p> <p>f. When a child has been identified to have a severe emotional disturbance. (7-1-06)</p> | <p>Assessments</p> <p>For adult participants # 2,3 and 4, the participant record did not contain a psychological assessment. All 3 of those participants receive a behavior modifying drug.</p> <p>For child participants B and C, there was no psychological evaluations found in their files. Both participants are receiving behavior modifying drugs; and needed for participant B to establish categorical eligibility.</p> <p>For child participant G, the psychological section of file was blank. A report conducted by a school psychologist in 2004 was found in the eligibility section of file. Child participant D's file did not contain a psychological evaluation; it was noted that she is on behavior modifying medications.</p> <p>This is a repeat deficient practice from survey dated January 9, 2007.</p> | <p>(1) Psychological Assessments will be performed by a qualified professional for qualified Participant's prior to the delivery of service and properly placed in the files.</p> <p>(2) During 100% audit, missing signatures will be obtained, IEP documentation will include the full reports with scores rather than only the scores and signatures. Referrals will be made if collateral documentation is not available to meet the rule requirement for all participants.</p> <p>(3) DS Team Leader has coordinated training on categorical eligibility January 12, 2009 and has streamlined the intake/assessment process Administrator will ensure this occurs</p> <p>(4) Continued quarterly audits and documentation training will enhance the QA process ongoing and ensure ongoing compliance with these requirements.</p> <p>(5) March 30, 2009 for survey sample, June 1, 2009 for ongoing participants.</p> |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 1/1/2009; Administrator Initials: <i>[Signature]</i></p> |
| Rule Reference/Text | Category/Findings | Plan of Correction (PIC) |
| <p>16.04.11.602.01</p> <p>602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06)</p> <p>01. Current Assessments for Ongoing Services.</p> | <p>Assessments</p> <p>For participant # 4, there was no date on the psychological assessment to verify if it was current.</p> <p>For child participant E, the medical-social found</p> | <p>(1) Corrected at the time of survey. Documentation will be checked for current dates and accurate status prior to the delivery of services, or placement in the file.</p> <p>(2) during 100% audit all participant's documentation will be examined and corrected as needed.</p> |

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| To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06) | In the file was not current. Corrected at the time of survey. | (3) DS Team Leader will oversee the 100% audit to ensure compliance (4) ongoing quarterly audits will ensure compliance with this rule (5) March 30 2009 for survey group, June 1, 2009 for all participants. | |
| Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/1/2009 | Administrator Initials: [Signature] |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| 18.04.11.602.02 602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately reflect the current status of the participant. (7-1-06) 02. Updated Assessments. At the time of the required review of the assessment(s), the qualified professional in the respective discipline must determine whether a full assessment or an updated assessment is required for the purpose of reflecting the participant's current status in that service area. If, during the required review of the assessment(s), the latest assessment accurately represents the status of the participant, the file must contain documentation from the professional stating so. (7-1-06) | Assessments For child participant B, there was no documentation to support that the medical/social evaluation was reviewed and updated on a annual basis. Corrected at the time of survey completed 12/10/2008. | (1) Corrected at the time of survey. Documentation will be checked for current dates and accurate status prior to the delivery of services, or placement in the file. (2) during 100% audit all participant's documentation will be examined and corrected as needed and document changes. (3) DS Team Leader and Administrator will oversee the 100% audit to ensure compliance (4) ongoing quarterly audits will ensure compliance with this rule (5) March 30 2009 for survey group, June 1, 2009 for all participants. | |

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| Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/1/2009 Administrator Initials: [Signature] | |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| 16.04.11.604.01.a-g 804. TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-05) a. Self-care; (7-1-06) b. Receptive and expressive language; (7-1-06) c. Learning; (7-1-06) d. Gross and fine motor development; (7-1-06) e. Self-direction; (7-1-06) f. Capacity for independent living; and (7-1-06) g. Economic self-sufficiency. (7-1-06) | Assessments The comprehensive Assessment does not assess "Learning" as defined in rule. This is a repeat deficient practice from survey dated January 9, 2007. | (1) we have divided "learning" from the self direction portion of the comprehensive assessment. (2) the enhanced comprehensive assessment will address "learning". Updates and renewed plans will reflect this enhanced portion. (3) DS Team Leader will provide DS training and oversight along with Administrator (4) Single point onry assessment will ensure new Participant's receive this enhanced comprehensive assessment. 100% audit will identify plans that require updated language. (5) March 30 2009 for sample group, June 1, 2009 for ongoing participants | |
| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/1/2009 Administrator Initials: [Signature] | |

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| <p>16.04.11.604.07</p> <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-08)</p> | <p>Assessments</p> <p>Child participant's D and E's file was missing Medical/Social history, labeled section was blank.</p> | <p>(1) 100% file audits being conducted, that include the proper placement of materials.</p> <p>(2) audits that identify missing or misfiled documents will be placed in the chart</p> <p>(3) All DS team, administrative team and Administrator</p> <p>(4) After the completion of the initial 100% audit, quarterly audits will be conducted ongoing</p> <p>(5) Sample group March 30, 2009, June 1, 2009 for ongoing participants</p> | | | |
| <p>Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/1/209 Administrator Initials: [Signature]</p> | | | |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | | | |
| <p>16.04.11.604.07.g</p> <p>604. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>07. Medical/Social History. Medical/social histories must be completed by a licensed social worker or other qualified professional working within the scope of his license. The medical/social history is a narrative report that must include: (7-1-08)</p> <p>g. Financial resources; and (7-1-08)</p> | <p>Assessments</p> <p>For child participant B, the medical social assessment did not include all component specified in rule. Financial resources were missing.</p> <p>Corrected at the time of survey completed 12/10/2008.</p> | <p>(1) Corrected at the time of survey. Documentation will be checked for current dates and accurate status prior to the delivery of services, or placement in the file.</p> <p>(2) during 100% audit all participant's documentation will be examined and corrected as needed and document changes.</p> <p>(3) DS Team Leader and Administrator will oversee the 100% audit to ensure compliance.</p> <p>(4) ongoing quarterly audits will ensure compliance with this rule</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | | | |

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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6/1/2009 Administrator Initials: *WAS*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>15.04.11.604.09.b</p> <p>804. TYPES OF COMPREHENSIVE ASSESSMENTS.</p> <p>09. Psychological Assessment. A psychological assessment includes psychological testing for diagnosis and assessment of personality, psychopathology, emotionality, or intellectual abilities (IQ test). The assessment must include a narrative report. Psychological assessment encompasses psychological testing and the psychiatric diagnostic interview. (7-1-06)</p> <p>b. Psychiatric Diagnostic Interview. A psychiatric diagnostic interview must be conducted in accordance with Section 722 of these rules. (7-1-06)</p> | <p>Assessments</p> <p>The document in participant #3 that was filed as a Psyc Assessment was named "Therapeutic Notes". It did not include a diagnostic interview conducted by a qualified professional.</p> | <p>(1) Placement of documentation is to be in the proper section. Psych assessments must include the narrative to appropriately identify all services. Missing documentation being requested.</p> <p>(2) Participants identified during 100% audit will be referred for appropriate assessment with our licensed Psychologist.</p> <p>(3) CS Team Leader and Administrator will ensure the appropriate referrals are made</p> <p>(4) ongoing quarterly audits will ensure compliance and</p> <p>(5) Completion march 30, 2009 for sample group, June 1, 2009 for ongoing participants.</p> |

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Scope and Severity: Isolated / No Actual Harm - Potential for More Than Minimal Harm Data to be Corrected: 12/11/2008 Administrator Initials: [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.605.01 605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-08) | Assessments In at least 1 file (participant #4), there was no documentation found of a 'tool' used to further assess an area of limitation (record did not contain SIB-R either). Also, in all adult participant files skill assessments did not identify a limitation or deficit identified on the comprehensive assessment since the comprehensive assessment is not used to guide treatment, but merely a product of the ISP process using the SIB-R. | (1) Will perform at least SIB-R on all clients, annually. The Comprehensive Assessment has been augmented to include more specific language regarding skill assessment. Probes, observations and interviews will be used to establish baselines. (2) Updates and annual reviews will include the enhanced comprehensive assessment which is used to guide treatment. (3) DS and Administrator will be responsible for the identification, tracking and completion of required assessments, updates and referrals. (4) DS Team Leader will provide supervision and ongoing monitoring of these DS job duties company wide. (5) March 30 2009 for survey group, June 1, 2009 for all participants. |

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Data to be Corrected: 12/11/2008 Administrator Initials: [Signature]

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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>16.04.11.605.04</p> <p>605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)</p> <p>04. Determine a Participant's Skill Level. Be conducted for the purposes of determining a participant's skill level within a specific domain. (7-1-06)</p> | <p>Assessments</p> <p>It was unknown how the baseline data was acquired since there was no documentation in participants 1-4, of a tool used to establish baselines.</p> | <p>(1) Agency has identified the SIB-R, observation, interviews with caregivers and probes as the main tools for skill assessment, and identifying areas of concern. The augmented PIPs will reflect the skill deficits more clearly by citing these assessments.</p> <p>(2) All participants will receive the SIB-R to ensure continuity, baselines will reflect these specific tools through documentation</p> <p>(3) All DS and Administrator will be responsible for the intake and assessment process to be completed in the appropriate sequence.</p> <p>(4) Weekly meetings that review "referral and intake" are currently happening areas of concern are addressed with the team, and a completion date is set in each meeting.</p> <p>(5) Sample group will be corrected March 31, 2009, all participants June 1 2009.</p> | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/1/09 Administrator Initials: [Signature]</p> | |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>16.04.11.605.05</p> <p>605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06)</p> <p>05. Determine Baselines. Be used to determine baselines and develop the program implementation plan. (7-1-06)</p> | <p>Assessments</p> <p>It was unclear if baseline data was used to determine program implementation plans since there was no documentation showing where the baseline documentation came from.</p> | <p>(1) The developmental narrative has been augmented to more clearly identify the SIB-R indicators of functional deficits, as well as the comprehensive assessment which will include the probed data (trials and errors) used to create the baseline data. The augmented PIPs also more clearly identify the relationship of the SIB-R and comprehensive assessment in treatment/goal development.</p> | |

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| | | <p>(2) All incoming Participants and updates will reflect these enhancements.</p> <p>(3) All DS and Administrator is responsible for the implementation of these enhancements with DS Team Leader providing training and supervision ongoing</p> <p>(4) Ongoing quarterly audits will ensure compliance</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected: 12/11/2008 Administrator Initials: *[Signature]*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.701.01.a-c</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-08)</p> <p>01. Eligibility Determination. Prior to the delivery of any DDA services, the DDA must determine and document the participant's eligibility in accordance with Section 66-402, Idaho Code.</p> | <p>Eligibility</p> <p>Eligibility section in file for child participant E indicated a categorical definition of Apraxia, which does not meet criteria for developmental disability.</p> <p>Child participant G's file contained no medical assessment to determine categorical eligibility, and the psychological evaluation was conducted on 8/04 by a school psychologist.</p> <p>Eligibility checklist for child participant D was in file but blank. It is noted that although Eligibility documentation was insufficient or in error, other documentation was discovered that indicated eligibility was possibly valid.</p> | <p>Plan of Correction (POC)</p> <p>(1) training regarding Categorical Eligibility has been scheduled January 12, 2009. If found ineligible, Participants will be referred to more appropriate services and repayment made where indicated. Clarification for how often Children's IQ testing need to be performed will be sought in the training on categorical eligibility. Internal procedures have been augmented regarding agencies that delay or refuse to provide requested documentation.</p> |

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| <p>For eligibility determination, the following assessments must be obtained or completed by the DDA: (7-1-06)</p> <p>a. Medical Assessment. This must contain medical information that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 68-402(5)(a), Idaho Code, or (7-1-06)</p> <p>b. Psychological Assessment. If the medical assessment does not establish categorical eligibility, the DDA must obtain or conduct a psychological assessment that accurately reflects the current status of the person and establishes categorical eligibility in accordance with Section 68-402(5)(a), Idaho Code. (7-1-06)</p> <p>c. Standardized Comprehensive Developmental Assessment. This must contain developmental information regarding functional limitations that accurately reflects the current status of the person and establishes functional eligibility based on substantial limitations in accordance with Section 68-402(5)(b), Idaho Code. (7-1-06)</p> | <p>For child participant G there was no documentation on file.</p> <p>For child participant B, there was no documentation to support a DD diagnosis.</p> <p>Developmental evaluation in child participant F's file indicates a SIB-R had been conducted by a Health and Welfare employee, however those scores were not found in file. Evaluation did provide for Age Equivalencies.</p> | <p>(2) It appears that the language and labeling is unclear in our records, labels will be clearly marked to assist in the proper placement of documentation making the audit process smoother. Documentation that appears sub-standard will either be returned to the staff that produced the documents for review/correction or qualified staff will obtain required documents by performance of evaluations. Information requests, plan writing. Missing documentation must be obtained prior to delivery of services for all participants.</p> <p>(3) DS staff, Administrative Staff and Administrator</p> <p>(4) After the completion of the 100% audit, ongoing quarterly audits will ensure compliance.</p> <p>(5) Training is scheduled for January 13, 2009, with corrections for survey group march 30, 2009 and ongoing participants June 1, 2009.</p> | |
| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 12/11/2008 | Administrator Initials: [Signature] |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| 18.04.11.701.04.b | Individual Program Plan | (1) the enhanced IPP reflects specific time frames for specific therapies. | |
| 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER | For child participant A, B and G, the amount of service hours specified on the IPP is stated as a range of time with summer hours and in-school hours. | (2) All new Participant plans and updates/annual plans will reflect this change. | |
| | | (3) all DS team responsible and Administrator | |
| | | (4) DS has provided training on the enhanced forms and | |

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| <p>THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-08) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-08) b. Amount of service is the total number of service hours during a specified period of time. This is typically indicated in hours per week. (7-1-08)</p> | <p>Participant E indicated 0 hours of service per week.</p> | <p>(4 continued) will oversee the quarterly audits (5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/1/2009</p> | <p>Administrator Initials: SJA</p> |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>16.04.11.701.04.z 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-08) 04. Individual Program Plan (IPP) Definitions.</p> | <p>Individual Program Plan For child participants A-C, the frequency of services was not defined on the IPP.</p> | <p>(1) the IPP has been enhanced to include more specific language regarding frequency. (2) All new plans and updates will reflect these changes (3) all DS and Administrator are responsible (4) after the 100% file audit, the Improved Intake process and quarterly audits will ensure compliance (5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |

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| <p>The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-05) c. Frequency of service is the number of times service is offered during a week or month. (7-1-05)</p> | | | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | Date to be Corrected: <i>6/1/2009</i> | Administrator Initials: <i>[Signature]</i> |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>18.04.11.701.04.d 701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) d. Duration of service is the length of time. This is typically the length of the plan year. For ongoing services, the duration is one (1) year; services that end prior to the end of the plan</p> | <p>Individual Program Plan For child participants E and G, the duration of service was not included.</p> | <p>(1) the IPP has been enhanced to include more specific language regarding frequency/duration. (2) All new plans and updates will reflect these changes (3) all DS and Administrator are responsible (4) after the 100% file audit, the improved intake process and quarterly audits will ensure compliance (5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |

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| year must have a specified end date. (7-1-05) | | |
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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>18.04.11.701.05.b</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-05)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-05)</p> <p>b. The planning process must include the participant and his parent or legal guardian, if applicable, and others the participant or his parent or legal guardian chooses. The participant's parent or legal guardian must sign the IPP indicating their participation in its development. The parent or legal guardian must be provided a copy of the completed IPP. If the</p> | <p>Individual Program Plan</p> <p>For child participants A, C, D, and G there was no documentation to support that a copy of the IPP was provided to the parent.</p> <p>For child participant G, the IPP was missing a physician signature.</p> <p>For child participant E, the IPP start date was 8/31/08, however the physician signed it on 9/12/08.</p> <p>Child participant B also did not have a physician signature prior to the IPP start date.</p> | <p>Plan of Correction (POC)</p> <p>(1) Signature lines have been added to the IPP. The intake process is completed by one DS, to ensure sequence including signatures obtained in a timely manner. Additional training has been provided regarding when services can begin.</p> <p>(2) through 100% audit, Participant files that indicate discrepancies between dates will be pulled for clerical review and billing review. Where indicated repayment may be necessary.</p> <p>(3) DS Team Leader has given additional training. General Manager will ensure repayment where necessary. Administrator will ensure this occurs.</p> <p>(4) Adherence to the intake process sequence and quarterly audits</p> <p>(5) March 30, 2009 for sample group, June 1 2009 for all participants.</p> |

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| <p>participant and his parent or legal guardian are unable to participate, the reason must be documented in the participant's record. A physician or other practitioner of the healing arts and the parent or legal guardian must sign the IPP prior to initiation of any services identified within the plan, except as provided under Subsection 700.02.b.ii. of these rules. (7-1-06)</p> | | | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/1/2009</p> | <p>Administrator Initials: KAS</p> |
| <p>Rule Reference/Text 16.04.11.701.05.e.1</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPDST PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-08)</p> <p>l. The participant's name and medical diagnosis; (7-1-08)</p> | <p>Category/Findings Individual Program Plan</p> <p>Child participant E's diagnosis section of the IPP was blank.</p> | <p>Plan of Correction (POC)</p> <p>(1) Diagnosis was filled in. Checking the paperwork prior to filing (2) Missing information found during 100% audit will be sought, and placed in the file. (3) all DS team, Administrative support staff and Administrator are responsible (4) DS Team Leader will oversee the intake process and quarterly audits. (5) March 30 for survey group, June 1, 2009 for all participants.</p> | |
| <p>Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected:</p> | <p>Administrator Initials:</p> |

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| <p>16.04.11.701.05.a.ii</p> <p>701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPDST PROGRAM.</p> <p>Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-08)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-08)</p> <p>ii. The name of the assigned Developmental Specialist, the date of the planning meeting, and the name and titles of those present at the meeting; (7-1-08)</p> | <p>Individual Program Plan</p> <p>Child participant E's IPP meeting date was missing on the IPP.</p> | <p>(1) Prior to the delivery of service D5 is checking the paperwork prior to filing</p> <p>(2) Missing information found during 100% audit will be sought and placed in the file.</p> <p>(3) all D5 team, Administrative support staff and Administrator are responsible</p> <p>(4) D5 Team Leader will oversee the Intake process and quarterly audits to ensure compliance</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

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| <p>16.04.11.701.05.a.v</p> <p>701.05 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06).</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and</p> | <p>Individual Program Plan</p> <p>For child participants A and B, the IPP did not contain a list of the goal and choices.</p> <p>Child participant G's IPP was missing goals.</p> <p>Child participant E's IPP "interest" section was blank.</p> | <p>(1) the IPP has been enhanced with bold writing and numbers to better illuminate these sections, as they are required for each participant, these sections must be filled in prior to the delivery of services. Goals interests and choices will be identified through interview with participant, guardians or caregivers as appropriate.</p> |

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| <p>activities, encourage the participant's participation and inclusion in the community, and contain objectives that are age appropriate. The IPP must include: (7-1-06) v. A list of the participant's current personal goals, interests and choices</p> | | <p>(2) All Participants incoming will have the enhanced forms, ongoing participant files will be updated (3) DS and Administrator will ensure the enhanced forms are used</p> <p>(4) DS Team Leader has provided training on the enhanced sections and will ensure compliance through ongoing audits and trainings (5) Sample group March 30, 2009. Ongoing Participants June 1, 2009</p> |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 6/1/2009 Administrator Initials: [Signature]</p> |

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| <p>16.04.11.701.06.e.vi REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPDST PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an</p> | <p>Individual Program Plan For child participants A-C, the IPP did not include a list of participant's prioritized developmental needs.</p> | <p>(1) the IPP has been enhanced with bold writing and numbers to ensure these categories are documented. Needs will be identified through probes, s/b-r and interview. (2) All Participants plans will document these areas in compliance with rule, during the 100% audit corrections will be made (3) DS Team Leader and Administrator will ensure the enhanced forms are used (4) DS Team Leader has provided training on the enhanced sections and will ensure compliance through ongoing audits and trainings (5) Sample group March 30, 2009, ongoing participants June 1, 2009</p> |

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| <p>IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)</p> | | |

Source and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 12/11/2008 **Administrative Review:** [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.701.05.e.x 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ICSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06) e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06) x. The review date; and (7-1-06)</p> | <p>Individual Program Plan For child participants A-G, the IPP did not include a review date for each objective.</p> | <p>(1) have added a review date line to the IPP. (2) All Participants will have a 6 month status reviews. (3) DS Team Leader has provided training on the status review change and updated the company forms with the Administrator (4) DS Team Leader will continue to oversee the intake process and quarterly audits to ensure compliance (5) March 30, 2009 for survey group. June 1, 2009 for all participants.</p> |

Score and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 6/11/2009 Administrator Initials: [Signature]

| Rule Reference/Text | Category/Finding | Plan of Correction (POC) |
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| <p>18.04.11.701.05.wxi</p> <p>701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-08)</p> <p>05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPSDT services, the DDA is required to complete an IPP. (7-1-08)</p> <p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-08)</p> <p>xl. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive,</p> | <p>Individual Program Plan</p> <p>For child participants A-G, the IPP did not include a rule complaint transition plan. It did not specify the criteria for participant transition into a less restrictive more integrated setting.</p> | <p>(1) The enhanced IPP includes more comprehensive transition language. Training on how to convey "criteria" has been provided.</p> <p>(2) Participant plans will reflect more clear criteria language</p> <p>(3) DS Team Leader will continue to provide oversight of the intake process and chart audits to ensure changes are implemented and Administrator</p> <p>(4) Updated plans will reflect this enhanced language, ongoing audits will ensure compliance.</p> <p>(5) March 30, 2009 survey group. June 1 2009 all participants</p> |

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 more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-08)

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 12/12/08 Administrator Initials: [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| 16.04.11.703.03 703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-08) 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-08) | Program Implementation Plan Many program objectives were not measurable as written. For example: Participant #3 had objectives that stated: "will plan and prepare a nutritious meals using all food groups in proper proportion, limiting excessive sugars, fats, and/or calories with no more than 1 direct verbal cue"; also, "[Participant #3] will maintain an appropriate tone when frustrated"; "[Participant #2] will maintain a positive self attitude using affirmative statements." Specifically, the first objective has multiple variables, while the last two objectives have wording that would be subjective to what the staff's opinion would be of 'appropriate tone' and 'positive self attitude'. | (1) Training has been conducted to identify language that is "opinion based" and replace it with less subjective language, linked more closely to intake observations, caretaker language, SIB-R language and accepted terminology as indicated by the Audit team. This area will be more deeply explored during the training on January 13, 2009 with Department staff. Objectives will be written with as few variables as appropriate for the Participant's level of functioning. Objectives will relate to the goals with more behaviorally based language. (2) Updated plans will reflect a stronger relationship between the goals and objectives using less subjective language. Objectives will be written to show measurable actions that can be recorded as an accomplished task or skill based upon the participants ability to perform the task or skill. (3) DS Team Leader has enhanced the PIPs and is providing ongoing training for all DS staff, overseen by Administrator (4) close monitoring of the intake process and plan writing will help ensure compliance (5) March 30, 2009 survey group. June 1 2009 all participants |

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 12/12/09 Administrator Initials: [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.703.04</p> <p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-08)</p> <p>04, Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-08)</p> | <p>Program Implementation Plan</p> <p>Written instructions to staff for most programs involving waiting for the participant to start to fall and then using cueing for correction procedures.</p> <p>This is repeat deficient practice from survey dated January 9, 2007.</p> | <p>(1) Instructions to staff will be enhanced to reflect continual active involvement with the participant such as task analysis and more prominent reinforcement that is more easily observed.</p> <p>(2) When Identified through status review and updates, individualized instructions to staff include more comprehensive instructions. New Plans will include more comprehensive instructions to staff.</p> <p>(3) All DS staff will continually monitor progress to ensure timely updates and individualized instructions are indicated in the plans. DS Team Leader and Administrator will continue to oversee the intake process and provide ongoing training to the DS staff.</p> <p>(4) Initial QA during the intake process and current status reviews will ensure compliance</p> <p>(5) March 30, 2009 survey group. June 1 2009 all participants</p> |

Score and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 1.2.1.07. Administrator Initials: *lma*

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.703.05</p> <p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of</p> | <p>Program Implementation Plan</p> <p>The 'type' of environment was not defined for community—PIP's had only community written down and did not specify the prescribed/specific environment for training.</p> <p>For child participant D, the IPP did not define the type of service, but listed</p> | <p>(1) To ensure maximum independence of the Participant, a range of community locations will be offered such as "the grocery store" the book store" "a dollar store" in the plans. The PIP will include the type of service. "Winco, Albertsons", etc. will be used.</p> <p>(2) The PIP format has been changed and DS team has been trained on the new format</p> |

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| <p>services. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p> <p>06. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-05)</p> | <p>Community/Home/Center.</p> <p>Some objectives had service environments as "Community when teachable moments occur".</p> | <p>(2 continued) the language "community when teachable moments occur" will no longer be used.</p> <p>#) DS Team Leader has provided training on the enhanced PIP and will continue to monitor plan writing</p> <p>(4) Enhanced intake process will help ensure compliance with these changes. update and renewals will employ the new form.</p> <p>(5) March 30, 2009 survey group. June 1 2009 all participants</p> | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 01/1/09 Administrator Initials: [Signature]</p> | |
| <p>Info Reference/Text</p> <p>18.04.11.704.01.5</p> <p>704. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06)</p> <p>b. Sufficient progress data to accurately assess the participant's progress toward each objective; and (7-1-06)</p> | <p>Category/Findings</p> <p>Program Documentation (data/progress)</p> <p>Many programs showed data falling below baseline (pre-intervention) which illustrates a lack of progress.</p> <p>Also, there was low implementation consistently on objectives 1 and 3 for participant #4.</p> <p>For child participants A-C the data provided was limited and insufficient to assess participant's progress.</p> | <p>Plan of Correction (POC)</p> <p>(1) A new Provider Status review has been adopted to better convey Participant progress which will be filled out by DS running goals from the PIP, the average of completed goals based on number of trials and placed on the status reviews (usually a percentage of trials and task completion). Staff will be trained to identify progress, and identify and document when the Participant may be falling under the baselines.</p> <p>(2) Participant review/progress will be indicated in this form</p> <p>(3) DS Team Leader attended a training on this form and will be providing ongoing training on its purpose/use. Overseen by Administrator</p> <p>(4) File audits will identify the use of this format</p> <p>(5) The form will be implemented February 1, 2009, with survey group by March 30, 2009 all participants by June 1, 2009.</p> | |

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Source and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 12/1/09 Administrator Initials: [Signature]

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| <p>18.04.11.704.01.c</p> <p>704 PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-08)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-08)</p> <p>c. A review of the data, and, when indicated, changes in the daily activities or specific implementation procedures by the qualified professional. The review must include the qualified professional's dated initials. (7-1-08)</p> | <p>Program Documentation (data/progress)</p> <p>Many programs for the adult participants showed progress data falling below baseline levels. There was no documentation found that any changes in daily activities were implemented to improve that situation.</p> <p>For example: Participant #2's program to 'use the bus' had data percentages at 0% for 5 months with no documentation found for revisions to the program to promote progress.</p> <p>This is repeat deficient practice from survey dated January 8, 2007.</p> | <p>1) A new Provider Status review has been adopted to better convey Participant progress which will be filled out by DS running goals from the PIPs, the average of completed goals based on number of trials and placed on the status reviews (usually a percentage of trials and task completion). Staff will be trained to identify progress, and identify and document when the Participant may be falling under the baselines.</p> <p>(2) Participant review/progress will be indicated in this form</p> <p>(3) DS Team Leader attended a training on this form and will be providing ongoing training on its purpose/use. Overseen by Administrator</p> <p>(4) File audits will identify the use of this format</p> <p>(5) March 30, 2009 for survey group, June 1 2009 for all participants.</p> |

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Completed:** 1/1/09 **Administrator Initials:** [Signature]

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>18.04.11.704.01.d</p> <p>704. PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-08)</p> <p>01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-08)</p> <p>d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that include a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)</p> | <p>Program Documentation (data/progress)</p> <p>There was little written documentation in the 6-month and annual reviews of participant progress. There was no documentation in those reviews of why the participant continued to need the service.</p> <p>Also, child participant E's file did not contain evidence that a 6 month review had occurred. Participants D and G plans didn't include documentation that would trigger a 6 month review when they come due.</p> <p>This is repeat deficient practice from survey dated January 8, 2007.</p> | <p>1) A new Provider Status review has been adopted to better convey Participant progress which will be filled out by DS running goals from the PIPs, the average of completed goals based on number of trials and placed on the status reviews (usually a percentage of trials and task completion). Staff will be trained to identify progress, and identify and document when the Participant may be falling under the baselines.</p> <p>(2) Participant review/progress will be indicated in this form</p> <p>(3) DS Team Leader attended a training on this form and will be providing ongoing training on its purpose/use. Overseen by Administrator</p> <p>(4) File audits will identify the use of this format and ensure timely review is being conducted.</p> <p>(5) March 30 2009 for survey group. June 1, 2009 for all participants.</p> |

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 6/1/09 **Administrator Initials:** [Signature]

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| <p>16.04, 11.705</p> <p>705. RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-08)</p> | <p>Program Documentation (data/progress)</p> <p>Programs and program documentation did not contain the time and duration of service.</p> | <p>(1) The IPP has been enhanced to include time and duration of services (2) The IPP for all Participants must include time and duration, updated plans will include this language (3) DS Team Leader has provided training on plan writing and oversees the intake process Overseen by Administrator (4) Status reviews, and ongoing quarterly audits will be used to increase QA and adherence to the this requirement. (5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

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| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 6/1/09 | Administrator Initials: [Signature] |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>16.04.11.705.01.a</p> <p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>a. An order by a physician or other practitioner of the healing arts for each DDA service the participant is receiving on an ongoing basis; (7-1-06)</p> | <p>Record Requirements</p> <p>A Healthy Connections referral for participant G was dated 10/12/07. IPP in file was dated 10/16/07, with physician signature dated 10/18/07. More current IPP cover page, found in Eligibility section of file, was dated 11/24/08 but did not contain physician's signature or parent's signature.</p> <p>Participant E had in IPP date of 8/31/09. However billing records show that billing for therapy started on 8/26/08, and the HC referral was dated 8/12/08.</p> | <p>Plan of Correction (POC)</p> <p>(1) Agency has eliminated multiple persons in the intake process, Participant's that change HC providers during intake may have a delay in receiving services, and will be documented in the chart. Service will not begin until all required signatures have been obtained. If found, unauthorized service dates will be repaid.</p> <p>(2) during 100% audit if found, Participant files that indicate discrepancies regarding signature dates and deliver of services will be referred to the billing Department for a second review, verified discrepancies will be referred to the General Manager for repayment arrangements.</p> <p>(3) DS Team Leader will provide oversight for intake and ongoing training of DS staff. General Manager will ensure timely repayment if necessary. Overseen by Administrator</p> <p>(4) Single point eligibility process has eliminated much of the document disarray. Ongoing quarterly audits will monitor compliance.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |
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ALL SEASONS MENTAL HEALTH

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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.705.01.d</p> <p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-08)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-08)</p> <p>d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-08)</p> | <p>Participant Records</p> <p>The profile sheet did not contain listings for participant's living arrangement or physician information.</p> <p>Child participant file for A, did not indicate medication, allergies or dietary needs.</p> <p>Corrected at time of survey.</p> | <p>(1) Corrected at the time of survey. Documentation will be checked for current dates and accurate status prior to the delivery of services, or placement in the file.</p> <p>(2) during 100% audit all participant's documentation will be examined and corrected as needed and document changes.</p> <p>(3) DS Team Leader will oversee the 100% audit to ensure compliance Overseen by Administrator</p> <p>(4) ongoing quarterly audits will ensure compliance with this rule</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |
| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 12/11/2008 Administrator Initials: KLB |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
| <p>16.04.11.706.01.a</p> <p>706.REQUIREMENTS FOR COLLABORATION WITH OTHER PROVIDERS. When participants are receiving rehabilitative or habilitative services from other providers, each DDA must coordinate each participant's DDA program with these providers to maximize skill acquisition and</p> | <p>Collaboration/Consultation</p> <p>For child participants A and D-G, there was no record that a copy of the IPP had been provided to the school.</p> | <p>(1) Signature line has been added to the IPP to include the school</p> <p>(2) School aged Participants's plans will include this line for all new Plans, updates and renewals.</p> <p>(3) DS Team Leader has added the signature line and provided DS training to complete this step Overseen by Administrator</p> <p>(4) Ongoing audits will ensure compliance, as well as stricter</p> |

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| <p>generalization of skills across environments, and to avoid duplication of services. The DDA must maintain documentation of this collaboration. This documentation includes other plans of services such as the Individual Education Plan (IEP), Personal Care Services (PCS) plan, Residential Habilitation plan, and the Psychosocial Rehabilitation (PSR) plan. The participant's file must also reflect how these plans have been integrated into the DDA's plan of service for each participant. (7-1-08)</p> <p>a. For participants who are children enrolled in school, the local school district is the lead agency as required under IDEA, Part B. DDAs must inform the child's home school district if they are serving the child during the hours that school is typically in session. The participant's record must contain an Individualized Education Plan (IEP), including any recommendations for Extended School Year, if there are any. The DDA must document that they have provided a current copy of the child's Individual Program Plan (IPP) to his school. The DDA may provide additional services beyond those that the school is obligated to provide during regular school hours. (7-1-08)</p> | | <p>Intake procedures. (5) March 30 2009 for survey group. June 1, 2009 for all participants.</p> |
| Scope and Severity: Widespread / No Actual Harm + Potential for Minimal Harm | | Date to be Corrected: 12/11/08 Administrator Initials: [Signature] |

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>78.04.11.708.01</p> <p>708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES.</p> <p>01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan</p> | <p>Assessments</p> <p>The comprehensive assessment was not completed prior to the delivery of service. For example: Participant #4—PIP's started 2/10/08 and the CDA completed 2/13/08.</p> <p>For child participant B, the file showed the developmental assessment was completed on 10/08/08 and IPP was developed 10/01/08.</p> <p>Participant D's file was missing a Developmental Assessment, contained a note indicating that</p> | <p>Plan of Correction (POC)</p> <p>(1) Agency has designated a single person oversee the referral and intake process. Collateral records will be identified more clearly and placed more prominently in the file. Assessments will be completed prior to Plans. Missing records are being requested.</p> <p>(2) New Participants will enter the program according to the enhanced intake process to ensure sequence of events is clearly demonstrated and adhered to.</p> |

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| Developmental Disabilities Agency of services. (7-1-06) | All Seasons Mental Health | 12/12/2008 |
| | <p>eligibility documentation was to be found in the Service Coordination file. Participant G's file had a Developmental Assessment in file dated prior to the date of the SIB-R.</p> <p>Participant E's file was missing a Developmental Assessment, containing only a SIB-R conducted 8/12/08.</p> | <p>(3) DS Team Leader has provided training on Intake sequence, and will oversee all intakes.</p> <p>(4) Intake process will not proceed to the next step until required documentation is completed, signed off by the DS. This will eliminate fragmented documentation.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |
| Scale and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | DATE TO BE CONTACTED: 1/1/09 Administrator Initials: YLB |

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>16.04.11.710</p> <p>710. REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)</p> | <p>Required Services</p> <p>There was no documentation that the agency provides, or makes available, Speech therapy, Physical therapy, and Psychotherapy services.</p> | <p>(1) Agency employs professionals for Psychotherapy and a licensed Psychologist and will add notification line for DDA Participants that Psychotherapy is available through the agency, Participant's will be provided with referral information for OT, PT, Speech and hearing outside the agency to St Alphonsus STARs program.</p> <p>(2) Participants who require such referrals will be provided contact information and support regarding appropriate services.</p> <p>(3) DS staff, Administrative support staff will make referral information available to Participants or Guardians Overseen by Administrator</p> <p>(4) Where indicated it will be noted in the file if services are required, or if a referral was made. Ongoing audits will ensure compliance with this rule.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>15.04.11.711.D1</p> <p>711.DEVELOPMENTAL THERAPY. Developmental therapy services must be delivered by Developmental Specialists or paraprofessionals qualified in accordance with these rules, based on a comprehensive developmental assessment completed prior to the delivery of developmental therapy. (7-1-08)</p> <p>01. Area of Service. These services must be directed toward the rehabilitation or habilitation of physical or mental disabilities in the areas of self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency. (7-1-08)</p> | <p>Developmental Therapy</p> <p>For 3 adult participants (2,3 and 4) the files contained programs to exercise for specific amounts of time. That is not a service directed toward the rehabilitation or habilitation of a physical or mental disability (as pertaining to their original eligibility requirements) for the participant.</p> | <p>(1) services will reflect rehabilitation or habilitation of Participant's based on assessment completed prior to service delivery.</p> <p>(2) Plans found to have exercise as a goal will have the plan removed and adjusted for time.</p> <p>(3) DS will review all files and remove exercise goals developed by the agency. Overseen by Administrator</p> <p>(4) DS Team Leader will ensure inappropriate exercise goals have been removed and new Plans do not include exercise goals.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: 12/1/09 Administrator Initials: [Signature]

| Developmental Disabilities Agency | | All Seasons Mental Health | 12/12/2008 |
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| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>15.04.11.900.02.a</p> <p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)</p> <p>02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06)</p> <p>a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules; (7-1-06)</p> | <p>QA Program</p> <p>Deficiencies cited indicate that the agencies Quality Assurance program was not being implemented to the extent of providing services at the current standards of practice per 900.01.a.</p> | <p>(1) Will complete a 100% audit and quarterly thereafter</p> <p>(2) All files will be audited</p> <p>(3) DS Team Leader will document completion of the audit Overseen by Administrator</p> <p>(4) DS Team Leader will document ongoing quarterly audits Overseen by Administrator</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |
| <p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p> | | <p>Date to be Corrected: 1/21/09 Administrator Initials: [Signature]</p> | |
| Rule Reference/Text | Category/Findings | Plan of Correction (POC) | |
| <p>15.04.11.900.03.f</p> <p>900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06)</p> <p>03. Additional Requirements. The quality assurance program must ensure that DDA services provided to participants: (7-1-06)</p> <p>f. Are observable in practice. (7-1-06)</p> | <p>QA Program</p> <p>Participant #1 was observed working on making a 'collage' (see observations). There was no relevant training observed related to the participants plan of service.</p> | <p>(1) Staff is encouraged to give reinforcement that demonstrates which program/goal they are working on.</p> <p>(2) Written directions to staff are being enhanced to encourage demonstrated involvement and adherence to the plan, for all new Participants and updates for existing Participants.</p> <p>(3) DS will ensure that staff is well informed of expectations, that Staff understand written instructions, field observations have been enhanced to include "Program observed". Overseen by Administrator</p> <p>(4) DS Team Leader will monitor field observation reports as well as provide ongoing training for implementing plans.</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> | |

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Score and Severity: Isolated / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** 12-17-09 **Administrator Initials:** PEB

| Rule Reference/Text | Category/Findings | Plan of Correction (POC) |
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| <p>15.04.11.905.03.c</p> <p>806. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06)</p> <p>03. Method of Informing Participants of Their Rights. Each DDA must ensure and document that each person receiving services is informed of his rights in the following manner: (7-1-08)</p> <p>c. The DDA must provide each participant and his parent or guardian, where applicable, with a verbal explanation of their rights in a manner that will best promote individual understanding of these rights. (7-1-06)</p> | <p>Participant Rights</p> <p>Rights were found in the files of participants. However, the rights statement language indicated that the rights had been read, but nothing was found in file indicating that rights had been explained to families.</p> | <p>(1) Rights form updated</p> <p>(2) Updated form will be posted for Participant review, and explanation. New Participants will receive the updated form. Current participants will be contacted to have the rights form verbally explained to them in appropriate terms.</p> <p>(3) All DS, Administrative staff are to provide explanations of rights in a manner that best promotes the individual's understanding of the rights. Overseen by Administrator</p> <p>(4) Audits will identify the form in the file, form will be placed in the intake packet</p> <p>(5) March 30 2009 for survey group, June 1, 2009 for all participants.</p> |

Developmental Disabilities Agency All Seasons Mental Health 12/12/2008

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| Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm | | Date to be Corrected: 1/16/09 | Administrator Initials: [Signature] |
| Administrator Signature (confirms submission of POC): [Signature] | | Date: 3/3/2009 | |
| Team Leader Signature (confirms acceptance of POC): [Signature] | | Date: 3/18/2009 | |